increase in population and over all increase in the rate of depression world-wide. Epidemiological studies have revealed that 1 to 2% of the population have major mental disorders and 5 to 10% suffer from minor mental disorders.

(c) and (d) There are over 18,000 beds for psychiatric patients spread across 37 Government mental hospitals/hospitals affiliated to medical colleges. There are over 3000 qualified Psychiatrists, 500 clinical psychologists, 300 psychiatric social workers and about 600 trained psychiatric nurses in the country. Availability of psychotropic drugs is satisfactory and the cost of such drugs is reasonable/affordable. The National Mental Health programme during the Tenth Plan envisages to upgrade the infrastructural facilities of the mental health hospitals and spychiatric wings of medical colleges in the country.

Mismanagement in Health Sector

†72. PROF. M. M. AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have focussed its attention towards the shortcomings in medical sub-centres, public health centres and child care centres, as mentioned in the annual report of the Department of Family Welfare for the year 1999-2000; and

(b) if so, the effective steps taken by Government to put in order the prevailing mismanagement in the health sector?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Addressing any shortcomings in public health facilities is the responsibility of the State Governments. However to bridge critical gaps, the Central Government provides financial, technical and commodity assistance for repair and renovation of health facilities, procurement of drugs and commodities, equipments etc. For strenthening the delivery of health services under the Reproductive and Child Health Programme, the following steps are being taken:—

- Major Civil Works for repair/construction of OT/Labour Room
- provision of equipments/medicine for emergency obstetric care at first referral units.

†Original notice of the Question was received in Hindi.

- Financial assistance for contract appointment/hiring of Anaesthetist/Gynaecologist/Safe Motherhood consultant/Staff Nurses/Lab. Technician, Additional ANMs etc.
- Skill based in-service training for capacity building of ANMs and other health functionaries.
- Efforts are continuously made to increase the outreach of health care services through Swasthya Melas and Reproductive and Child Health camps etc.

Childless Women

73. SHRI AIMADUDDIN AHMED KHAN (DURRU): Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether according to a study by the International Institute for Population Studies, India's Southern and Western Regions show a higher percentage of childless women at the end of their reproductive span;

(b) whether Andhra Pradesh has the highest incidence of childless women followed by Goa;

(c) if so, the percentage of childless women between 45—49 years of age, State and UT-wise, and the comparative world figures; and

(d) the reasons to which higher incidence of childless women is attributable?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) As per the National Family Health Survey conducted in 1992-93 and 1998-99 by International Institute for Population Sciences, a statement showing State-wise/Region-wise percentage of childless women at the age 45—49 is at Statement-I (*See* below). A similar statement for selected countries as per WHO Report is at Statement-II (*See* below).

(d) The core infertility is due to biological variations in chromosome, congenital and endocrinological abnormalities. The acquired infertility is due to geographic variations in infections, environmental and occupational factors.